

ORDER FOR SUPPLIES OR SERVICES										PAGE 1 OF 4	
1. CONTRACT PURCH ORDER/AGREEMENT NO. W52H09-04-D-0015			2. DELIVERY ORDER/CALL NO. 0001		3. DATE OF ORDER/CALL (YYYYMMDD) 2004JAN05		4. REQUISITION/PURCH REQUEST NO. SEE SCHEDULE		5. PRIORITY DXA5		
6. ISSUED BY TACOM-ROCK ISLAND AMSTA-LC-CAC-A CHERYL CALLISON (309)782-4843 ROCK ISLAND IL 61299-7630 EMAIL: CALLISONC@RIA.ARMY.MIL			CODE W52H09		7. ADMINISTERED BY (If other than 6) DCMA ORLANDO 3555 MAGUIRE BOULEVARD ORLANDO FL 32803-3726			CODE S1002A		8. DELIVERY FOB <input type="checkbox"/> DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule if other)	
9. CONTRACTOR LITTON SYSTEMS INC LASER SYSTEMS DIVISION 2787S ORANGE BLOSSOM TRL APOPKA, FL. 32703-2010 NAME AND ADDRESS TYPE BUSINESS: Large Business Performing in U.S.			CODE 34860		FACILITY		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) SEE SCHEDULE			11. X IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED	
12. DISCOUNT TERMS			13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Block 15								
14. SHIP TO SEE SCHEDULE			CODE		15. PAYMENT WILL BE MADE BY DFAS COLUMBUS CENTER DFAS-CO/SOUTH ENTITLEMENT OPERATION P O BOX 182264 COLUMBUS OH 43218-2264			CODE HQ0338		MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2	
16. TYPE OF ORDER		DELIVERY/CALL <input checked="" type="checkbox"/>		THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.							
PURCHASE		Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____.		furnish the following on terms specified herein.							
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.											
<div style="display: flex; justify-content: space-between;"> <div>NAME OF CONTRACTOR</div> <div>SIGNATURE</div> <div>TYPED NAME AND TITLE</div> <div>DATE SIGNED (YYYYMMDD)</div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: </div>											
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE											
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT	
		SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price Cost-Plus-Fixed-Fee KIND OF CONTRACT: Service Contracts									
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA DAVE ELLIOTT /SIGNED/ ELLIOTTD@RIA.ARMY.MIL (309)782-3814 BY: _____ CONTRACTING/ORDERING OFFICER					25. TOTAL \$5,129.43		
27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED _____											
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE				
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE					28. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		29. D.O. VOUCHER NO.		30. INITIALS		
f. TELEPHONE NUMBER		g. E-MAIL ADDRESS			31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR		
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.									34. CHECK NUMBER		
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER							35. BILL OF LADING NO.		
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	

CONTINUATION SHEET	Reference No. of Document Being Continued		Page 2 of 4
	PIIN/SIIN	W52H09-04-D-0015/0001 MOD/AMD	
Name of Offeror or Contractor: LITTON SYSTEMS INC			

SUPPLEMENTAL INFORMATION

1. THE PURPOSE OF DELIVERY ORDER 0001 IS TO OBLIGATE FUNDS ON CLIN 0005 IN THE TOTAL AMOUNT OF \$5,129.43. THIS IS A COST PLUS FIXED FEE CLIN BROKEN DOWN AS FOLLOWS:

ESTIMATED COST	\$4,677.84
COST OF MONEY	\$ 7.20
FIXED FEE	\$ 444.39

2. AS A RESULT, THE TOTAL AMOUNT OF THIS DELIVERY ORDER IS \$5,129.43.

*** END OF NARRATIVE A 001 ***

Name of Offeror or Contractor: LITTON SYSTEMS INC

CONTRACT ADMINISTRATION DATA

LINE	PRON/ AMS CD/	OBLG				JOB		ACCOUNTING		OBLIGATED
ITEM	MI PR	ACRN	STAT	ACCOUNTING CLASSIFICATION		ORDER NUMBER	STATION			AMOUNT
0005	M142D087M1	AA	2	97	X4930AC6G 6D	26FB	S11116	W52H09	\$	5,129.43
	070031JWSE1									
								TOTAL	\$	5,129.43
SERVICE							ACCOUNTING		OBLIGATED	
NAME	TOTAL BY ACRN		ACCOUNTING CLASSIFICATION				STATION			AMOUNT
Army	AA		97	X4930AC6G 6D	26FB	S11116	W52H09	\$	5,129.43	
								TOTAL	\$	5,129.43